

PRIVACY RELEASE FORM

Please complete this form and return to the following address:

Representative Geoff Davis
300 Buttermilk Pike, Suite 314
Ft. Mitchell, Kentucky 41017

Name of Claimant: _____
(First) (Last)

Mailing Address: _____
(Street)

(City) (State) (Zip)

Home Phone: _____ Work Phone: _____

Date of Birth: _____ How long have you lived in KY? _____

HOUSEHOLD INFORMATION:

Does claimant have a spouse or dependent children? If so, please list names and ages:

IDENTIFICATION NUMBERS:

Social Security: _____

CLAIM HISTORY:

How long has it been since claimant last worked: _____

In order for our office to assist you, you must have an open claim with SSA.

Has a claim already been filed? _____ yes _____ no

If yes, at which Social Security Office? _____

Address/phone of office: _____

Date (or approximate date) claim filed: _____

Please describe the nature of your SSA claim (SSI, Disability, etc.): _____

Have you heard any response from the Social Security Administration? If so, please list:

Please attach a copy of any documents that may be helpful to us.

Have you contacted any other elected officials about this problem? If yes, who? _____

PLEASE EXPLAIN WHAT YOU WOULD LIKE FOR THIS OFFICE TO DO ON YOUR BEHALF:

If you wish to authorize the release of information regarding your case to a third party, please provide their names: _____

I authorize Representative Geoff Davis, and those acting on his behalf, to obtain information pertaining to this matter in accordance with the Privacy Act of 1974. I also affirm that the above information is accurate.

SIGNATURE: _____ DATE: _____